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ABSTRACT

The paper describes the T.O.T.E. (Teach Our Tots Early) Infant/Toddler Intervention Program to provide educational programing for handicapped children from birth to age 3 years. Sections address the following program components: program development, delivery model (primarily home-based), staffing, population (southeast Wayne County, Michigan), referral process, assessment process, entrance process (which includes an educational planning and placement committee meeting), educational process (in which individual education programs are developed for each child), cooperative planning, and other activities (such as miniworkshops for parents, program tours, and information presentations). The brief records of 20 children enrolled in T.O.T.E. are presented to substantiate the program's benefits. A sample assessment form is included. (SBH)

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A Parent Supportive Early Intervention Public School Program -- That Works

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T. O. T. E.
Teach Our Tots Early

A Parent Supportive Early Intervention Public School Program
- That Works

INTRODUCTION:

The T.O.T.E. (Teach Our Tots Early) Infant/Toddler Intervention Program was initiated in January of 1976 at the Wayne County Intermediate School District by Dr. Patricia E. Barnard, to provide educational programming for handicapped children from birth to age three years. It is currently administered by the Woodhaven Public School District (a local educational agency) under the coordination of Dr. Barnard. We will review T.O.T.E.'s program development; staffing patterns, qualifications and hiring rationale; service area; population; referral process; diagnostic and evaluation services; entrance process; educational services; cooperative planning with other agencies; and its additional activities.

PROGRAM DEVELOPMENT:

T.O.T.E. grew out of the Michigan Mandatory Education Law (PA 198). This Michigan law mandates educational services for all handicapped persons from birth through age twenty-five (25) years. T.O.T.E. was developed to provide the mandated services for infants/toddlers from birth to three (3) years of age. There were six (6) major premises upon which the program was developed:

1. The sooner and more timely the intervention support is provided to handicapped children and their families, the more able these families are to deal with the child and their needs.

2. Parent(s) (family members) is (are) the primary and key educational component(s) for children in this age range.

3. Parent (family) education is necessary in order for parents (families) to understand the needs of their child(ren) medically, socially, and educationally.

4. All educational goals should be based upon the medical integrity of the child.

5. Education alone cannot provide for all the needs of the handicapped and their families.

6. An assessment-based, developmentally sequenced curriculum meets the educational needs of all infants no matter the handicap.

Recall that the mandated age range for mandated services was birth to age twenty-five (25) years. A variety of services for school age children were available in 1975 but few in Wayne County for 0-3 year olds. Thus, the inception of the T.O.T.E. Program.

DELIVERY MODEL:

The initial program development necessitated determining a delivery model. Since parent(s) and family members are the primary teacher(s) of the children and the families needed to understand their child, it was decided that program staff should provide service in the home, consequently T.O.T.E. is primarily a home-based program. This home-based model enhances parent effectiveness and reduces the stress often associated with caring for a handicapped youngster in the home.

The parent involvement and education facet of this model has as its focus, parent guidance, support and education. Many parents have had no previous experience with handicapped children and therefore, have little

confidence when dealing with feelings about, expectations of, and interaction with their child. The program strives to support the development of emotionally stable, confident, and competent families who can provide a positive learning environment for the young child. In order to provide a transition and separation experience for both parent(s) and child it was decided that the program incorporate a half day developmental playroom at age two and one-half. This was initiated in conjunction with the home visits because at three years of age most educational services to children are primarily center-based. The educational expectations of the playroom are consistent with home programming since the child's home teacher/consultant is a part of the developmental playroom teaching team.

STAFFING:

Each staff member is assigned 15-20 children to whom she will provide educational services. These home visits take place minimally once a week. The T.O.T.E. teaching team presently consists of an administrator, a teacher of the mentally impaired, two occupational therapists, a teacher of speech and language, and a teacher of the visually impaired. Staff were elected on the basis of their understanding of child development. Consequently, they did not necessarily have early childhood "certification" but had either worked with young children and/or had coursework in child development. "Certification" for teaching is mandated by the state but successful teachers for a program of this nature, must have more depth and sensitivity than their certification would indicate.

Each of these persons has had over five years experience educating young handicapped children. They also have had extensive training in programs

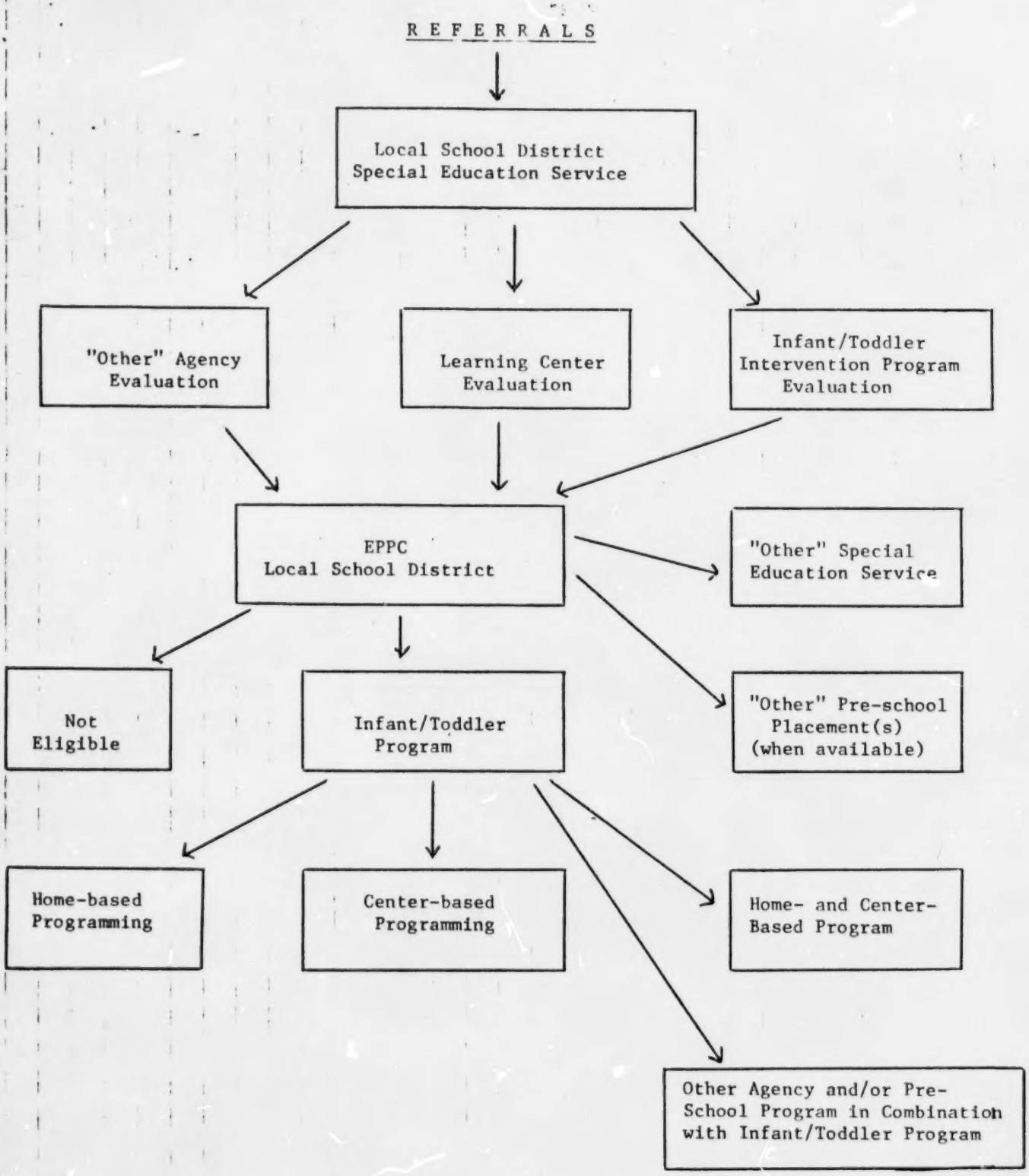
such as Bobath, Portage, Chapel Hill, etc. Staff members also are involved with continuing education at various universities.

POPULATION:

The present T.O.T.E. population is derived from a 150 square mile section of southeast Wayne County. It encompasses twenty local school districts. The area consists of communities where the median income level varies from $8,188 to $19,475 (1970 census); where the labor force is defined as laborer and household worker to managerial and professional personnel; where the socio-economic level fluctuates between welfare and wealthy; where ethnic backgrounds are mixed (i.e. Hispanic, Arab, Indian); where in some homes, languages other than English constitute the primary language.

REFERRAL PROCESS:

The children are referred to the program through a variety of sources: Visiting Nurses Associations, doctors, hospitals, concerned parents and friends, and public health nurses. All sources who contact the program directly are referred to their local educational agencies. T.O.T.E. maintains an informal record of these initial contacts, however. The necessity of the referral to and through local educational agencies is under the Mandatory Special Education Act. All local school districts are responsible for the education of children within their attendance areas. Therefore, all referrals to T.O.T.E. (a regional service program) are processed through the child's "home" school district. A referral flow chart follows on page 5.


REFERRALS
Local School District
Special Education Service
"Other" Agency
Evaluation
Learning Center
Evaluation
Infant/Toddler
Intervention Program
Evaluation
EPPC
Local School District
"Other" Special
Education Service
Not
Eligible
Infant/Toddler
Program
"Other" Pre-school
Placement(s)
(when available)
Home-based
Programming
Center-based
Programming
Home- and Center-
Based Program
Other Agency and/or Pre-
School Program in Combination
with Infant/Toddler Program

ASSESSMENT PROCESS:

The program's individualized educational objectives are based upon information obtained through (1) gathering all relevant medical information on the child (if none is available, the family is assisted in obtaining any needed medical care), (2) a complete educational assessment. The educational assessment consists of an evaluation using a variety or combination of the following: Bayley Scales of Infant Development, Bzoch-League Receptive-Expressive Emergent Language Scales, Developmental Reflex Test, and Early Intervention Developmental Profile from ISMRRD.

The educational evaluations for infants birth to age six months are provided by a multi-disciplinary team of the T.O.T.E. program staff. For infants and toddlers over six months, the evaluations are provided through the Downriver/Dearborn Learning Center multi-disciplinary team composed of a school psychologist, an occupational therapist and a speech and language specialist. These evaluations are done in the format that follows on page 7.

ENTRANCE PROCESS:

After the educational evaluation is completed an Educational Planning and Placement Committee meeting is held. At this meeting all relevant evaluative materials (medical and/or educational) are presented to those present: parents, special education administrator(s), and evaluation people. The purpose of this meeting is to determine if the child is eligible for special education service(s) and which program will best meet the education

Name _____ Birthdate _____
Address _____ Date of Eval. _____
_____ Date of Report _____
Parents _____ School District _____
Tel. No. _____ Spec. Ed. Director _____

I. Background Information

A. Reason for Referral
B. School Information
C. History
D. Developmental
E. Family Constellation
   1. Father Age Employment
   2. Mother Age Employment
   3. Siblings Age
F. Insurance
G. Medical Personnel Involved with Family
H. Medical Diagnosis
   1. From -
   2. From -

II. Evaluation Information

Evaluation Administered:

	Test	Date	C.A.	Overall Result or Level	Person	Location
1.						
2.						
3.						

Developmental Levels By Area:

	Average Level	Range	Lowest Item Not Attained	Highest Item Attained
1. Gross Motor				
2. Fine Motor				
3. Cognition				
4. Language				
5. Self-help				
a. Feeding				
b. Toileting				
c. Dressing				
d. Social				
e. Reflex				

Response To Specific Tasks:

	Can:	Beginning To:	Doesn't Yet:
1. Gross Motor			
2. Fine Motor			
3. Cognition			
4. Language			
5. Self-help (eating, toileting, dressing)			
6. Social			
7. Reflex			

III. Comments:

needs of the child. The eligibility is defined by the State and County in terms of definitions of a handicap which qualify for service in Michigan.

EDUCATIONAL PROCESS:

From the educational evaluations and parent and staff input, an individual educational program (IEP) for each child is developed. The IEP consists of short term (3-6 mos.) and long term (9-12 mos.) objectives in the areas of gross motor, fine motor, cognition, language, self-care and socialization. The IEP format follows:

EARLY INTERVENTION INDIVIDUALIZED EDUCATION PLANS

(0-3 years old)

Name _____ Teacher/Consultant _____
Parents Name _____ School District _____
Tel. No. _____ Eligibility _____
Birthdate _____ Date _____

Areas of Development:

Gross Motor:
- Long-term goal - Date attained _____
- Short-term goal - Date attained _____

Fine Motor:
- Long-term goal - Date attained _____
- Short-term goal - Date attained _____

Language:
- Long-term goal - Date attained _____
- Short-term goal - Date attained _____

Cognition:
- Long-term goal - Date attained _____
- Short-term goal - Date attained _____

Feeding:
- Long-term goal - Date attained _____
- Short-term goal - Date attained _____

Toileting:
- Long-term goal - Date attained _____
- Short-term goal - Date attained _____

Dressing:
Long-term goal - Date attained _____
Short-term goal - Date attained _____

Social:
Long-term goal - Date attained _____
Short-term goal - Date attained _____

General Behavior:

Methods of Evaluating Objectives:

Comments:

Child's Profile Sheet Attached:

_____ _____
Teacher/Consultant Date

_____ _____
Parent/Guardian Date

From the IEP then eminates the weekly Home Program Plans (HPP).

The HPP format is shown below:

Downriver/Dearborn Regional
Infant/Toddler Intervention
Program

HOME PROGRAM PLAN

Name _____ Date _____ HPP # _____
T/C _____

I. Area of Emphasis:
A. Goals:
B. Ways to Try:

II. Baseline: HHP#

III. Postline: HPP#

IV. Parent Re-Demonstration:

Comments:

V. Evaluation:

VI. Support Staff Involved; Name: _____

Requested but Unavailable: Name: _____

The program provides developmental activities which are the pre-requisities for early childhood educational skills for any and all children. Children receive weekly goals in the areas of gross motor, fine motor, cognition, language, self-care and socialization.

Children progress from their invidiual developmental level onward. A child may receive from one to four HPP's a week. Staff attempts to write all HPP's so that they can be accomplished within a week's time. This is done in order to reinforce success and set up a cycle of successful responses between child and parent(s) (family).

The teacher/consultant arrives at these goals by carefully reviewing the assessment report as to the child's present skills.

Each area of development is followed at its own rate of growth.

COOPERATIVE PLANNING:

T.O.T.E. realizes the need for complete support for the family of the handicapped as well as the education of the handicapped child. For this reason, the T.O.T.E. staff also concentrates on coordinating services (i.e. mental health, medical, social) for the families and children. Staff often attend medical facilities with the families in order to share their observations of the child with the medical personnel and if necessary to interpret for the family any medical conditions they do not understand. If the child is involved in any setting which needs information or input from T.O.T.E. regarding the child, staff is available for consultation.

OTHER ACTIVITIES:

Along with the forementioned activities the T.O.T.E. Program offers

mini-workshops to parents, monthly parent meetings, program tours and information presentations.

Mini-workshops are presented on weekdays for one-half day. The workshop topics include pre-language skills, language, feeding, cognition, etc. The monthly parent meetings combine family social needs as well as educational needs. There are holiday parties as well as a giant "all your relatives" pot luck at the year end. Entertwined are speakers dealing with the Social Security Commission, processing wills, the educational rights of parents, genetic counseling, sexuality, neurology, etc.

In order to assist parents in the transition from T.O.T.E, at age three, the staff conducts tours of programs for three-year olds in local school districts. These tours involve the child as well as parent(s) and if requested, extended family members also are included.

Too, because T.O.T.E. is a relatively new educational program, the staff (administrator included) average one to three presentations monthly of the T.O.T.E. program to interested groups (i.e. Kiwanis, Jaycees, ACLD, Public Health Nurses, hospital staff, etc.).

The T.O.T.E. Program has and will continue to benefit the handicapped children it has served and is serving. Additional benefits have been and continue to be garnered by parents and community people. The records of the program serve as substantiation to the fact that the program supports the growth of children (educational evaluations done before the child entered the program and again as the child exited the program). A random sample of twenty children enrolled in T.O.T.E. follows.

The sample reflects twenty children pre- and post-evaluated. The

average enrollment period for these twenty children was 10.8 months.

An average of 9.4 months change in gross motor was recorded.

An average of 8.8 months change in fine motor was recorded.

An average of 10.2 months change in cognition was recorded.

An average of 10.3 months change in language was recorded.

An average of 9.0 months change in feeding was recorded.

An average of 11.9 months change in socialization was recorded.

1 child - multiply impaired (visual, hearing impaired and cerebral palsied)
7 children - Down's Syndrome
4 children - hydrocephalic
1 child - cerebral palsied
2 children - physically impaired
1 child - emotionally impaired
3 children - developmentally delayed at the TMI range
1 child - developmentally delayed at the EMI level

When exiting the program, of this sample, seven children went to TMI programs, four children went to EMI programs, one child went to an EI program, five children went to a POHI program, one child went to a Head Start program and one went to a cooperative nursery school.

What the written records don't show but the parents of these children often verbalize and demonstrate is that the program supports the growth of the parents.

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